



## Lyme Morbidity Report – RI Definitions & Rules

Fields in **RED** are required by the NEDSS system. **Bolded** fields are required by RI

Field on Screen	Description	RI Rules for Data Entry
<b>Report Information</b>		
<b>Condition</b>	<b>Name of disease or condition you are entering for this patient</b>	<b>Required by System</b>
<b>Jurisdiction</b>	<b>The geographic area responsible for managing public health activities including intervention, prevention and surveillance. There is only 1 jurisdiction for RI</b>	<b>Required by System</b>
Share record with Guests for this Program Area and Jurisdiction	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.	Not Required
<b>Morbidity Report Type</b>	<b>Is this the initial report or an updated report</b>	<b>Required by System</b>
<b>Report Delivery Method</b>	<b>Did you receive this report by phone, fax , or mail.</b>	<b>Required, on dropdown menu choose phone, fax, or mail.</b>
<b>Date of Morbidity Report</b>	<b>Date that is recorded on the Morbidity Report</b>	<b>Required by System</b>
<b>Date Received by Public Health</b>	<b>Date that the Office of Communicable Diseases received this report. May be different than the Morbidity Report Date.</b>	<b>Required</b>
<b>Facility and Provider Information</b>		
<b>Reporting Facility</b>	<b>Enter the name organization that is responsible for completing the report. This will mean that you will need to search the database for the facility or alternately use the Quick Code that is assigned to that facility</b>	<b>Required</b>
Provider	Health Care Provider who is responsible for sending the report. May be the provider who initially examined the patient.	Enter if known. Need to Search database or utilize quickcode.
Reporter		Not Required
<b>Clinical Information</b>		
Date of Onset	Date first signs and symptoms were observed in this patient for the condition you are entering	Enter if Known
Date of Diagnosis	Date that the Condition was diagnosed	Enter if known
Did Patient Die from this Illness?	Drop-down menu-Yes, No or Unknown	Enter if known



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Was the patient hospitalized for this illness?	Drop-down menu-Yes, No or Unknown	Enter if known
<b>Epidemiologic Information</b>		
Which of the following apply to this patient?		
Pregnant?	Drop-down menu-Yes, No or Unknown	Enter if known
Food Handler?	Drop-down menu-Yes, No or Unknown	Enter if known
Associated with Day Care Facility:	Drop-down menu-Yes, No or Unknown	Enter if known
Affiliated with Nursing Home:	Drop-down menu-Yes, No or Unknown	Enter if known
Affiliated with Health Care Organization:	Drop-down menu-Yes, No or Unknown	Enter if known
Suspected Food or Waterborne Illness:	Drop-down menu-Yes, No or Unknown	Enter if known
Other, specify:	Text field if there is some other comment to make about the epidemiology of this specific condition and patient	Enter if known
<b>Lab Report Information</b>		
<b>Results</b>		
Collection Date:	Date the specimen was collected.	Enter if known
Lab Report Date	Date that is stamped on the lab report by the facility that is responsible for sending the report	Enter if known



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Resulted Test	Drop-down menu that is dependent upon the condition that is entered. Test that was performed. Always use the search table. Enter the test that was performed.	Enter if known
Specimen Information:	Text box- Add any information concerning specimen type, source.	Enter if known
Coded Result:	Drop-down menu. The coded result value for a test, i.e. Positive, Negative etc.	Enter the appropriate measure if available
Numeric Result	The numeric value for a lab report. The user can enter the number or the number plus comparative operators (<, <=, >, >=) and separators and the system will parse the data in the proper fields in the database.	Enter if appropriate to test result.
Text Result:	The Lab Result Text format field allows user to enter a textual result values (i.e., values not included in the coded drop down).	Enter <b>ONLY</b> if no other fields will capture the result.
Result Comments	Free text area for comments having to do specifically with the lab result test.	Enter if needed.
<b>Treatment</b>		
<b>Treatment Date</b>	<b>Date of Treatment</b>	<b>Required if you are adding or updating Treatment information</b>
<b>Treatment</b>	<b>Drop-down menu of list of treatments appropriate to the condition specified</b>	<b>Required if you are adding or updating Treatment information</b>
Treatment Comments	User has the option to enter text comments about the treatment	If needed
<b>Administrative</b>		
Comments	User has the option of adding comments about the patient and condition being recorded	Enter if needed
Retain Patient for Next Entry	Check if you have another treatment or lab report to enter on this patient	Enter if needed